

## HAWAII STATE ETHICS COMMISSION

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Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM

STATE OF HAWAII

	(Type o	r Print Clearly)	STATE ETHICS COMMISSION
PART   LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pear, Jr.	Charles	E.	(808) 223-1212
MAILING ADDRESS (Street)			FAX (808) 535-8029
Five Waterfront Plaza	EMAIL pear@m4law.com		
(City)	(State)	(State)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (F	o lobby) TELEPHONE		
McCorriston Miller Mu	(808) 529-7300		
MAILING ADDRESS (Street)	FAX (808) 524-8293		
Five Waterfront Plaza	EMAIL info@m4law.com		
(City)	(State)	-	(Zip Code)
Honolulu	Hawaii		96813

PART II ORGANIZATIO	ON .	
NAME OF ORGANIZATION YO	TELEPHONE	
SVO Pacific, Inc.	(407) 903-4640	
MAILING ADDRESS (Street)	FAX (407) 239-3126	
c/o Starwood Vacation	EMAIL	
(City)	(State)	(Zip Code)
Orlando	Florída	32819
NAME OF PERSON RESPONSIBLE	TELEPHONE	
Robin L. Suarez	(407) 418-7149	
MAILING ADDRESS (Street)	FAX (407) 418-7850	
9002 San Marco Court	EMAIL robin.suarez@sterwoodvo.com	
(City)	(State)	(Zip Code)
Orlando	Florida	32819

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	<ul> <li>Intergovernmental Relations, International Affairs</li> </ul>	☑ Tourism & Recreation			
Consumer Protection & Commerce	Hawailan Affairs	Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
	N OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
I CH	008 -	2	16/2013			
(Signature of Lobbyist) (Date)						
		<del>- 21 </del>				
PART V AUTHORIZATIO	ON TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Robin L. Suarez	Vice President & Associate General Counsel					
NAME OF ORGANIZATION (if applicable)		TELEPHONE				
Starwood Vacation Ownership, Inc.			(407) 418-7149			
MAILING ADDRESS (Street)			FAX (407) 418-7850			
9002 San Marco Court			EMAIL robin.suarez@starwoodvo.com			
(City)	(State)		(Zip Code)			
Orlando	Florida		32819			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
160 8 / 5/4/13						
(Signature of Authorizing Officer or Person Represented) (Date)						